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Senate

The Senate met at 10 a.m. and was called to order by the Honorable ROLAND W. BURRIS, a Senator from the State of Illinois.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Eternal God, lead our Senators to do Your will. As they find time to spend in Your presence, help them to discern what Your will is in ever clearer light. May the knowledge of the laws of sowing and reaping create in them a reverence for You, which is the beginning of wisdom. Give them courage in the midst of fear, faith in the midst of doubt, love in the midst of hatred, and hope in the midst of despair. Lord, build their interior strength until they reach unity in the faith and knowledge of You, attaining to the whole measure of Your fullness.

We pray in the Redeemer's Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable ROLAND W. BURRIS led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, October 27, 2009.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable ROLAND W. BURRIS, a

Senator from the State of Illinois, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. BURRIS thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, following leader remarks, there will be a period of morning business for 1 hour, with Senators permitted to speak for up to 10 minutes each. Following morning business, the Senate will proceed to executive session to consider the nomination of Irene Berger, of West Virginia, to be U.S. district judge for the Southern District of West Virginia. There will be 60 minutes for debate equally divided and controlled between Senators LEAHY and SESSIONS or their designees. The Senate will recess from 12:30 to 2:15 for the weekly caucus luncheons. At 2:20 p.m., the Senate will proceed to vote on the confirmation of the nomination. Upon disposition of the nomination, the Senate will turn to a period of morning business until 5:30, with the time equally divided and controlled between the two leaders or their designees. At 5:30, the Senate will resume consideration of the motion to proceed to H.R. 3548, the Unemployment Compensation Extension Act, with the time until 6 p.m. equally divided and controlled between the leaders or their designees. At 6 p.m., the Senate will proceed to vote on cloture on the motion to proceed to the unemployment bill. Therefore, Senators should expect a vote at 2:20 p.m. and another at 6 p.m. today.

MEASURE PLACED ON THE CALENDAR—S. 1927

Mr. REID. Mr. President, S. 1927 is at the desk and due for a second reading. The ACTING PRESIDENT pro tempore. The clerk will report the bill by title for the second time.

The legislative clerk read as follows:

A bill (S. 1927) to establish a moratorium on credit card interest rate increases, and for other purposes.

Mr. REID. Mr. President, I object to any further proceedings with respect to this bill at this time.

The ACTING PRESIDENT pro tempore. Objection having been heard, the bill will be placed on the calendar.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

HEALTH CARE WEEK XV, DAY II

Mr. MCCONNELL. Mr. President, from the outset of the health care debate, Americans have had one key test for reform: Will it make health care cost less? Will it make health care cost less? Well, over the past few months, a number of independent groups have reached the conclusion that the legislation we have seen fails that test. In fact, it would make health care more expensive. So even aside from the issue of whether the so-called government option is in or out of the bill that hits the floor, I think it is fair to say it isn't what the American people were looking for.

Let's start with the independent, nonpartisan Congressional Budget Office. The CBO says the proposed fees and taxes on drug makers, medical labs, and medical device manufacturers would lead to higher health care premiums for Americans who get health insurance through their employers, and

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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it says premiums will go up for people who choose to buy their own insurance. So whether you get insurance through your employer or whether you buy it on your own, your premiums go up. The Joint Committee on Taxation, another nonpartisan group, also looked at the legislation. It says that a proposed excise tax on insurers would also drive up the cost of employer-provided insurance. Here are two independent, nonpartisan groups looking at the health care legislation we have seen. They both conclude it will drive up the cost of health care.

Americans thought reform was supposed to lower costs, not raise them. Yet every day it seems we see further confirmation that the plans under discussion would lead to higher costs and more long-term spending and debt.

One study we have seen says the Democrats' tax on insurance plans would cost families nearly \$500 per year in higher premiums starting next year, long before any of the proposed benefits would kick in. Another study says that a family of four in my home State of Kentucky would see their premiums go up from about \$350 a month to nearly \$800 a month—a big increase. Even if these families were eligible for the subsidies in the Democratic bill, their premiums could still be about 50 percent higher than they are now. This is mind-boggling. Only in Washington would lawmakers propose a health care reform that actually raises costs and do so in the very same month the Federal Government recorded its largest deficit in history and at a time when unemployment approaches 10 percent.

Americans thought the whole point of reform was to lower costs. Yet the plans we have seen would do just the opposite, and the American people are taking notice. Americans are asking us to follow through on the initial pledge to lower health care costs, but that means enacting reforms that would actually lead to lower costs, such as getting rid of junk lawsuits and incentivizing healthy choices. Americans want reform. Instead, the administration and its allies in the Senate are giving them higher premiums, higher taxes, and massive cuts to Medicare. Mr. President, that is not reform. I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period of morning business for 1 hour, with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the second half.

The Senator from Iowa is recognized.

HEALTH CARE REFORM

Mr. GRASSLEY. Mr. President, with the words "health care reform," everybody would expect costs to go down, premiums to level off, and more people being served. But it seems as though the proposals that are before the Senate are going to increase taxes, cut Medicare, and increase health insurance premiums. I think anybody hearing that would say that is not health care reform or at least not the health care reform they expected Congress to pass.

So we are here in the Congress, soon about to consider a single bill that will personally affect the lives of every single American. Not often do we pass a bill that affects the lives of every single American, and not often do we pass a bill that restructures 17 percent of the U.S. economy—maybe never before.

As one Washington Times editorial pointed out—and I am going to quote from it, and it is here for the audience to read:

[The U.S. health care system] is bigger than Great Britain's entire economy. Imagine five bickering Congressional committees trying to redesign the British economy successfully in just a few weeks. No wonder people are getting nervous.

It is true, people are getting nervous. As I travel around Iowa, I hear a lot of concern about out-of-control government spending and a massive government takeover of our health care system. People are worried that health care reform will result in lower quality, less access, and government bureaucrats deciding what health insurance they can or can't have. On top of all of that, Gallup released a poll last week saying 49 percent of Americans believe their personal costs will get worse—yes, worse—after health care reform is enacted. The poll also reported that only—and I emphasize "only"—22 percent actually think costs will go down. Less than one-quarter of the people polled actually thought health reform would accomplish its top priority: making health care more affordable.

I can't speak for my colleagues. I don't know what they are hearing from their constituents. But I know Iowans can't afford to pay more for health care. Costs are already rising three times faster than the rate of inflation. Costs are straining family budgets, and they are making it increasingly difficult for employers to offer health insurance.

The nonpartisan Congressional Budget Office, the Joint Committee on Taxation, and even the Office of the Actuary at the U.S. Department of Health and Human Services have told us what the American people already know: These massive partisan health care reform bills are going to make the problem worse.

Let me emphasize for the American people who might be listening that the

people at the Congressional Budget Office, the Joint Committee on Taxation, and the Office of Actuary at the Department of HHS are professional, not political. They don't change from time to time when the makeup of Congress changes. They are there over a long period of time studying things in an intellectually honest way to tell it like it is. This is what they are saying: These massive partisan health care reform bills are going to make the problem worse.

So I wish to go to some analyses we have already received from these nonpartisan, intellectually honest organizations.

According to a September 22 letter from CBO to Chairman BAUCUS about the Finance Committee bill:

Premiums in the new insurance exchanges would tend to be higher than the average premiums in the current-law individual market.

So according to CBO, after these bills spend \$1 trillion, many of the people struggling to afford their premiums today will actually end up seeing those premiums go up if this bill is enacted. The Congressional Budget Office also commented on how the tax increases would also raise premiums.

During the Finance Committee markup, Senator CORNYN asked this question:

Would the new fees on health insurers be passed down to health care consumers?

Dr. Elmendorf, Director of CBO, responded by saying:

Our judgment is that, [the new fees] would raise insurance premiums.

The Joint Committee on Taxation confirmed that they came to the same conclusion during the markup. Mr. Barthold, the director there, said:

Basic economics is that that fee will be reflected in higher premium costs.

Let's not forget that these new insurance fees begin next year, in the year 2010, 3 years before any of the reforms in the bill take effect. So it is irrefutable that premiums will go up for every single American starting next year as a result of a bill that came out of the Senate Finance Committee.

The Office of the Actuary with the U.S. Department of Health and Human Services—another nonpartisan, highly regarded set of expert analysts, by the way—has also looked at some of the Democratic health reform proposals.

In a memo released on October 21, the Department of Health and Human Services, Office of Actuary, provided an analysis of House bill H.R. 3200. In the memo, the Health and Human Services actuary writes that the House bill does bend the growth curve, meaning the inflationary increase in health care costs. Of course, a top priority for Congress and the White House was to bend that curve. Unfortunately, the chief actuary says the Democratic leadership and the White House have failed to tell the American public it bends the curve in the wrong direction—not downward but upward.